

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

- The criterion for automatic coverage of oral and transdermal 5-HT₃ antagonists is as follows:
 - Must have a documented pharmacy claim history of prior therapy with oral ondansetron (Zofran)
- For members without a documented claim history of oral ondansetron (Zofran), a medical necessity review is completed and the following criterion must be submitted:
 - Chart documentation which shows the member has tried and failed or has an intolerance or contraindication to oral ondansetron (Zofran).

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

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4. Granisetron hydrochloride (Kytril® tablets and oral solution) [package insert]. Roche Pharmaceuticals. November 2005.
5. Granisetron hydrochloride (Kytril injection) [package insert]. Roche Pharmaceuticals. November 2005
6. Ondansetron hydrochloride (Zofran tablets, ODT, and oral solution) [package insert]. GlaxoSmithKline. February 2006.
7. Ondansetron hydrochloride (Zofran injection) [package insert]. GlaxoSmithKline. February 2006.
8. Palonosetron hydrochloride (Aloxi® capsules) [package insert]. Eisai Inc. August 2008.
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11. National Comprehensive Cancer Network (NCCN). Clinical practice guidelines in oncology-antiemesis. Version 3.2008. Accessed on 9/22/2008. Available at http://www.nccn.org/professionals/physician_gls/PDF/antiemesis.pdf
12. Gan TJ, Meyer T, Apfel, CC, et al. Consensus Guidelines for Managing Postoperative Nausea and Vomiting. *Anesth Analg.* 2003;97(1):62-71.
13. Jordan K, Sippel C, Schmoll HJ. Guidelines for Antiemetic Treatment of Chemotherapy-Induced Nausea and Vomiting: Past, Present, and Future Recommendations. *The Oncologist.* 2007;12:1143-1150.
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RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>02/17, 02/18</i>

